

# BULLETIN

of the  
MAHONING COUNTY  
MEDICAL SOCIETY

Volume LVI

Number 9

DECEMBER, 1986



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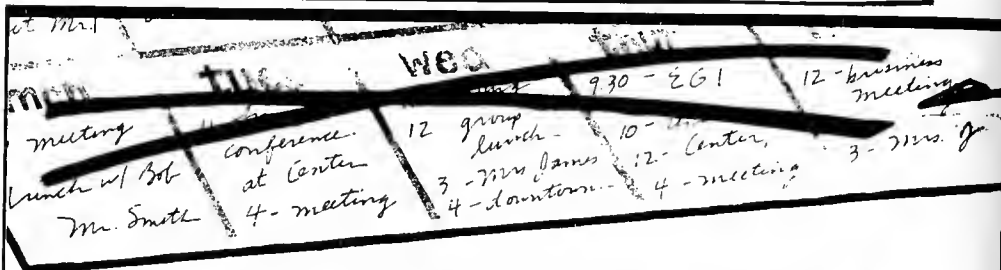
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 P. J. MAHAR, JR.  
 J. A. RUIZ

Representative to Blue Cross of Eastern Ohio: W. E. Sovik  
 Executive Director: Robert B. Blake

## 1986 - MAHONING COUNTY MEDICAL SOCIETY MEETINGS - 1986

Tuesday	Tuesday	Tuesday	Tuesday	Tuesday	Tuesday
Jan. 14	Mar. 18	May 20	Sept. 16	Nov. 18	Dec. 16

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## *From the Desk of the President*



### **POTPOURRI OF LAST THOUGHTS**

Since this is my last chance to express my thoughts from the President's Desk column of the Bulletin, a potpourri format best helps me get any remaining comments off my chest.

The presidency of the Medical Society enables one to see people he works around from new perspectives. It is a very interesting exposure with positive and negative aspects.

For those who think that the Medical Society does nothing, I wish there were ways to prevent them from experiencing the benefits provided by organized medicine. Without the legislative lobbying and organizational efforts, one wonders where we would be.

Mr. Blake and Mrs. Belson earn their oats.

Those people who complain the Society needs better meetings haven't even read the announcements of the general meetings in the past two years. The programming has generally been excellent.

I would like to publicly thank my partners, Dr. Robert Rich and Dr. Reed Hoffmaster for their support that enabled me to do what I had to do.

We will experience capitated government-supported medical care in the next ten years.

Society attendance and support will increase in the next two years.

I wonder if my children will ever realize what I was trying to do the many evenings I spent away from them for the sake of the image of my fellow physicians.

If we could establish local standards of care for each disease and treatment that is treated in the community, the Society might then be able to influence the quality of medicine locally.

The mini-internship will continue to flourish.

People who write anonymous letters need not do so as there is plenty of room for conflicting views on the floor of this Society.

The Society will gain clout again when fee review mechanisms are re-instituted. This is already being proposed at the State level.

There is room in society in general for organized, efficient physicians. There is less room for self-serving commercialization of medicine provided by people who are not concerned about the well-being of their fellow man.

Thanks to those who supported me this year. Those who did not, I know who you are.

(Continued on Page 220)



# BULLETIN

## of the Mahoning County Medical Society

Published Monthly for and by the Members

1005 Belmont Ave.

Youngstown, Ohio 44504

Phone 747-4956

*Not published in May,  
July and August.*

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**Volume LVI**

**DECEMBER, 1986**



**Number 9**

The opinions and conclusions expressed herein do not necessarily represent the views of the Editorial staff nor the official views of the Mahoning County Medical Society.

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### Editorial:

### DYSEQUILIBRIUM

Dysequilibrium is a loss of balance, and that is where I find myself in medicine these days. I have offsetting pleasures and aggravations, rewards and impositions.

A couple of editorials ago I ridiculed Blue Cross/Blue Shield's attempt to make restrictions on policyholders more palatable. Inevitably, I received a call from the BC/BS rep for a factual error in the editorial: second opinions are indeed required, but operations are paid for regardless of conflict in opinions. So it *was* nice to hear that there is a little room for disagreement in medicine without being subjected to penalties; but unfortunately everything else I said was true, the basic premise that physicians will be bird-dogged more than ever, that the prime assumption in the new rules is that cost savings will be based on policing physicians and their implicit greed.

My last editorial discussed the idea of a trade union for doctors. I expected some negative reaction, but unexpectedly all comments were favorable. There is a sense of unity in unions, and I believe that as the group of us beleaguered docs is increasingly pushed upon by outside forces there will inevitably be greater feelings of unity, bringing together again the disparate groups of primary care and specialists, independent and corporate, academicians and rural physician, into one powerful fold — but woe the forces that have produced this, anti-physician government and anti-physician corporation.

I recently received an unfavorable determination from the Physicians Professional Review Organization in Cleveland. A patient of mine had an "unacceptable" overnight stay for congestive heart failure. He had had three documented myocardial infarcts, a pacemaker, ventricular ectopy, insulin-dependent diabetes, a recent pulmonary embolus, an active peptic ulcer, and more; had come into the Emergency Room at 4 a.m. with x-ray-proven failure; was admitted and treated with intravenous diuretics; and was sufficiently well that I could send him home the following day with close out-patient follow-up. All this was well documented in the chart.

Oblivious to reality and intent upon the loss to the Medicare people of a length-of-stay of one day, the initial appeal was denied! In mid-Novem-

(Continued on Page 220)

## From the Desk of the President . . .

(Continued from Page 218)

To those who tried to make me believe the Society is a waste of time, you have failed to convince me.

Give your support to Dr. Barton, the President-Elect nominee.

Express yourself by writing a Letter to the Editor of the *Medical Society Bulletin*.

Holiday Greetings To All!

Richard A. Memo, M.D.  
President

## Editorial:

(Continued from Page 219)

ber a hearing was set up in town, to which I went. In response to a presentation of the obvious severity of illness and the requisite intensity of care, plus the excellent documentation, the reviewer from Cleveland started laughing like an idiot jackass, taken the proceedings and my indignation as a big joke. He made no other comments, and as I write this I do not know what his decision will be.

But the laugh lingers. There would have been no adverse determination if I had kept the patient in and "ruled out" a heart attack, because the only reason against the admission was the one-day stay. I could have pocketed a few more bucks as well by holding the patient in, but the proper action taken was contradicted by this kangaroo court referee's snide guffaws. My medical judgment is impugned, I stand accused of inappropriate therapy, I am insulted by this moron from Cleveland, and this is supposed to be a benefit to medical care.

But contrary to public media attacks and increasing public opinion, all around me I still see a great deal of altruism present in physicians. Patients *are* being discharged after overnight stays when appropriate, despite a loss of potential income and the sure response of the unfair PPRO. I witness house calls still being made at a time when such things are considered a waste of time by many; I see nursing home calls made on Medicaid patients, a sure loss of income; I see responsible decisions made about holding off on borderline operations; I witness minimal bowing to the temptations of the easy narcotic prescription buck and workman's comp dollar.

Medicine remains one of the few occupations where integrity remains at the fore, where the business of number one and undercutting the opposition and the fast buck and the backroom deal are conspicuously absent, or at least so for the majority of physicians. While physicians may well be judged by different standards than politicians, lawyers and used-car salesmen, they have earned this right to be spotlighted. And this is the sure remedy for all the major frustrations thrown at us from all sides — the knowledge that physicians will survive with heads high, attacked by little government bureaucrats and seedy corporate executives, but holding on to integrity, altruism, compassion, and self-respect.

Emil Dickstein, M.D.

## DR. SAADI HONORED

Dr. Elias T. Saadi, cardiologist and head of the Ohio Heart Institute, was given special recognition for his service to the Lebanese community here and in his homeland, at a dinner November 2 at the Maronite Center.

Among his many interests is the Family Adoption Project, started with the support of the Lebanese Embassy. He has served in many leadership capacities at St. Maron's here and as nation president of the National Apostolate of Maronites.



## PROCEEDINGS OF COUNCIL

**November 11, 1986**

The general meeting of the Council of the Mahoning County Medical Society was held Tuesday, Nov. 11, 1986 at the Youngstown Club.

The meeting was called to order at 7:30 p.m. by Dr. Memo. The minutes of the October meeting, having been read, were approved.

The treasurer's report noted five members have not paid 1986 dues yet. It was noted that 1987 dues notices have not gone out because there is going to be a vote at the November 18 meeting of the Society concerning a dues increase. Council was informed that 1987 dues that are paid in 1986 will be subject to the current tax law and it could be an advantage to pay 1987 dues in 1986. The treasurer reported the total income to date and presented a bills list. A motion was made, seconded and passed to pay each and every bill.

The following applications for membership were presented:

ASSOCIATE: Mark A. Campano, M.D.; Donald L. Person, M.D.;  
Alexander D. Hassard, M.D.

The applications were approved and the applicants will become members of the Mahoning County Medical Society in the voted category 15 days after the names are printed in the minutes of the November meeting that are mailed to all members, unless an objection in writing is received by the executive director before that effective date

### COMMUNICATIONS INCLUDED:

A thank you from Mrs. Stechschulte for the contribution to the Foundation by the Society in the name of Dr. J. B. Stechschulte;

A copy of the letter sent by Dr. G. J. Baumbblatt to Medicare concerning the inequity of the Medicare physician reimbursement system. It was called to the attention of the members of Council that OSMA has an ombudsman who will follow through on complaints similar to Dr. Baumbblatt's. The OSMA ombudsman is Bill Frye and he can be reached at (614) 228-6971;

A letter from Dr. Albers, president of OSMA, delineating the proposal being sent to all physicians from Community Mutual Insurance Company. A motion was made, seconded and passed to commend Dr. Albers on the completeness and depth of the highly informative letter;

An invitation to tour the B.O.C.-Assembly plant in Lordstown and have dinner at the plant, with the tour to start promptly at 4 p.m. Thursday, Dec. 4. Council accepted the invitation and instructed the executive director to issue the invitation to the membership. The Tour will be for Society members only, no spouses or guests. The invitation is to be mailed with the minutes of the meeting;

The report of the nominating committee was presented with the notation that the name of Dr. Chester A. Amedia will replace the name of Dr. William L. Crawford on the ballot.

Sixth District Councilor Dr. J. J. Anderson informed the Council that the OSMA Council will meet this weekend (Nov. 15-16) and he will report on its activity at the December meeting of Council. Dr. Anderson mentioned that OSMA is going to ask physicians to participate in a Phone-A-Thon to contact non-members about joining or re-joining the Society.

The Budget committee presented its recommendation for a 1987 budget to the Council with the stipulation that the proposal does not include any income from the proposed dues increase and will not reflect any increase if the proposal passes on November 18.

The Mini-Internship committee reported a second program has been set for January 25-27 and invitations have been issued to six citizens to participate as interns and six physicians to participate as faculty. The steering committee for the Mini-Internship includes Dr. Memo, Dr. Carter, Dr. Lambert and the Executive Director.

The results of a survey concerning the paging systems used by Society members was discussed with the determination that there may be some problems but they are not as widespread as was originally presumed. The Council directed that a copy of the survey results be forwarded to the Medical Dental Bureau, Wilcom Paging System and Dr. Gary Bitonte, president of the Medical Dental Bureau. It was noted that the annual meeting of the Medical Dental Bureau will be held November 20 and all subscribers are invited to attend and enjoy a free meal.

It was announced that Summit County Medical Society is co-sponsoring a forum "The Mental Patient: A victim of health care cost containment", at the Tangier Restaurant at noon Dec. 18 in Akron. More information is available and reservations can be made by calling 253-4544.

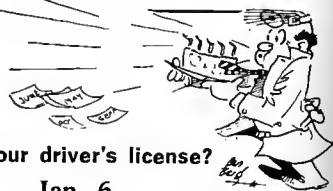
Members of Council were put on Legislative Alert in regard to the House Bill 494 that was set for Senate committee consideration at 3:30 p.m. Nov. 12. The bill would mandate that State physician-owned IPAs include chiropractors, optometrists, psychologists and podiatrists while other HMOs would not be required to include them. It was noted the bill applies only to Physician IPA plans and would increase the cost of health care to the consumer.

The meeting was adjourned at 8:33 p.m.

Robert B. Blake  
Executive Director

## HAPPY BIRTHDAY

Get your annual check-up • Is it time to renew your driver's license?



- |  |  |  |
|--|--|--|
| <b>Dec. 16</b><br>S. M. Barolsky<br>A. R. Dziadzka                           | <b>Dec. 25</b><br>R. D. Murray   | <b>Jan. 6</b><br>M. Guthikonda<br>S. C. El-Hayek<br>L. A. Woods                  |
| <b>Dec. 17</b><br>D. B. Brown<br>C. A. Crans<br>S. Dubos<br>S. Fattah        | <b>Dec. 26</b><br>E. S. Dickstein  | <b>Jan. 7</b><br>J. Hong   |
| <b>Dec. 18</b><br>J. M. Kline<br>A. P. Mirasol                               | <b>Dec. 29</b><br>G. A. Georgopoulos   | <b>Jan. 9</b><br>N. J. Hazelbaker  |
| <b>Dec. 19</b><br>L. P. Caccamo<br>T. L. Cohen<br>D. J. Dallis<br>S. R. Zoss | <b>Dec. 31</b><br>A. T. Gestosani  | <b>Jan. 10</b><br>R. Albarran<br>S. Cuddapah<br>H. J. Hassel<br>D. T. Yoder      |
| <b>Dec. 21</b><br>C. S. Peabody  | <b>Jan. 1</b><br>D. S. Lee<br>V. K. Sethi  | <b>Jan. 12</b><br>M. U. R. Bhatti<br>P. H. Huang<br>A. S. Nagpaul<br>D. Van Rees |
| <b>Dec. 22</b><br>J. S. Venglarick III                                       | <b>Jan. 2</b><br>N. C. Domingo<br>D. W. Handel<br>W. T. Martin<br>R. R. Sambandham<br>T. M. Robb | <b>Jan. 13</b><br>Y. V. Ginde  |
| <b>Dec. 23</b><br>A. E. Rappoport  | <b>Jan. 3</b><br>S. R. Weiss   | <b>Jan. 15</b><br>S. K. Seth<br>W. H. Bunn, Jr.                                  |
| <b>Dec. 24</b><br>N. A. Pappas   | <b>Jan. 5</b><br>R. W. Jackson<br>E. U. Krishnan   |  |

## DUES VOTE AT MEETING

The general meeting of the Mahoning County Medical Society was held Tuesday, Nov. 18, 1986 at Antone's in McKay Court, with Dr. Richard A. Memo, President, presiding.

The agenda for the meeting was changed from the normal to accommodate a joint meeting with the Mahoning County Bar Association. A social period was held at 6 p.m., a panel discussion about Tort Reform Legislation was held, featuring Martin Goldberg, plaintiff attorney; Eldon Wright, defendant attorney; and Dr. Memo as moderator. Areas discussed included: statute of limitations, collateral source statutes, periodic payments, frivolous suits, joint and several liability, and punitive damage awards. Following a fifteen minute presentation by each attorney panel member, the floor was opened to written questions. Impact of both the House Bill and Senate Bill concerning tort reform was also discussed.

Following the panel discussion, dinner was served to 100 persons.

Dr. Memo announced the business meeting would be held immediately after dinner, thus affording those not interested in the business of the society an opportunity to leave.

Dr. Memo appointed two tellers, the ballots and nominating information was distributed and voting on the nominations for officers and Council members for 1987 was conducted. The following slate will be presented to the Society members at the December 16 meeting. Those nominated were:

President	G. Robert Barton
Vice President	H. S. Wang
Treasurer	Joseph S. Gregori
1991 Delegate	H. S. Wang
Alt. Delegate	David H. Levy Paul J. Mahar, Jr. Suman K. Mishr
Council-at-Large	Glenn J. Baumblatt Chester A. Amedia James F. Ervin Prabhudas R. Lakhani William G. Palmer
Foundation Trustee	John C. Melnick John B. Werning Y. T. Chiu

Dr. Memo proposed the following members for Emeritus Status:

Dr. Kenneth E. Camp, Dr. Raymond S. Lupse, Dr. Edward A. Shorten  
They will be voted on at the December meeting of the Society.

Dr. Memo read the recommendation of Council to raise the dues of the Society. Following a call for a quorum, the motion was made, seconded and passed to raise the annual dues of the Society in the amount of \$50, with increase to be used to pre-pay meals for members at Society meetings, provide funds for special projects, such as the mini-internship program and the public information project, and to provide added funds for the conduct of the Society.

The following application for resident membership was presented:

Steven Leon Sheakoski, M.D.

The application was approved.

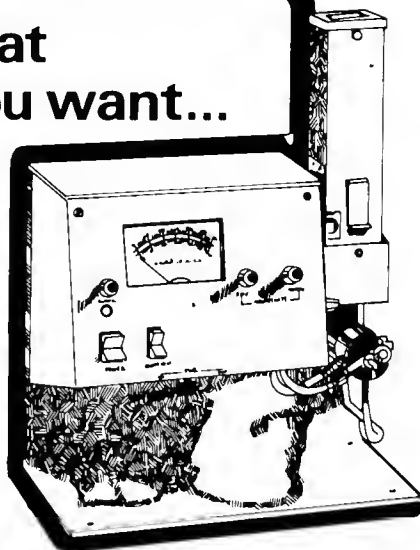
The meeting was adjourned at 9:47 p.m.

Robert B. Blake  
Executive Director

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DR. WILLIAM E. SOVIK

## DR. SOVIK IS DOCTOR OF THE YEAR

Dr. William E. Sovik, Youngstown native and retired ophthalmologist, has been named the Mahoning County Medical Society's "Doctor of the Year" and will be honored at the Society's meeting December 16 at the Moonraker Restaurant.

Dr. Sovik was born and raised in Youngstown and, except for military service, lived in Youngstown and Poland all his life. He has been extremely active in the Mahoning County Medical Society and the Ohio State Medical Association, serving the local Society as president in 1976 and filling the post of alternate delegate and delegate to the Ohio State Medical Association for a total of 20 years. He recently resigned his post of Delegate because of a move to Florida for winter residence.

In 1980, Dr. Sovik was the third person to receive the prestigious Distinguished Service Award of the Ohio Ophthalmological Society.

Dr. Sovik received a BS in Pharmacy from Ohio State University in 1932 and was a pharmacist until entering medical school at the University of Cincinnati. Upon graduation in 1938, Dr. Sovik entered a rotating internship at St. Elizabeth Hospital in 1938-39. His medical residency was at Canton's Timken Mercy Hospital in 1939-40. In private practice from 1940 to 1944, he entered the service and served as a Lieutenant in the USNR from 1944 to 1946.

His ophthalmological education started in 1946 and included six months in Washington, D.C., a preceptorship at Wayne University in Michigan for one year, and two years as assistant and chief resident in ophthalmology at Cincinnati General Hospital. In 1950, he entered the private practice of ophthalmology and he continued that practice until 1980.

A member of the staff at St. Elizabeth Hospital Medical Center, Dr. Sovik served as secretary/treasurer, a member of the executive committee, chief of the EENT service, a member of the senior surgical staff and, finally, as president of the medical staff from 1980 through 1982.

An active member of state and national Ophthalmological associations, Dr. Sovik also served with the Ohio Medical Indemnity on its board, as well as the boards of Ohio Society to Prevent Blindness, Physicians Insurance Company of Ohio, American Cancer Society, Mahoning County Society for

Crippled Children, Mahoning National Bank, and Youngstown State University's Nursing Board. He also served as Secretary and then Chairman of the Health Systems Agency of the 10th District.

Dr. Sovik is a member of Holy Family Church of Poland, where he was on the council of the church for many years, and helped raise funds for the church re-building fund. He served on the century club of the Ursuline Mother House and has served on numerous other Catholic church committees.

Married to the former Mary Louise Davis, he has three children, Corinne, William Jr. and James.

From the time he graduated from pharmacy school in 1932 until his move to Florida this year and his resignation from his post with the Society, Dr. William E. Sovik has served medicine, his community, his patients and his Society with enthusiasm and dedication. Only a small part of his total involvement is chronicled herein and the Society honors him for that involvement.

## TO YOUR ATTENTION

The following account is presented for the benefit and interest of the membership:

A 31-year-old mother called me after her gynecologist referred her to a psychiatrist after she complained of fatigue and nausea. The psychiatrist had given her a form to fill in and, after a ten minute delay, entered the room and informed my patient that she could not afford his services. It seems the type of insurance she has would not cover the 10 hours of psychiatric care (at \$90.00 per hour) required in her type of case to get at the root of her problems. He advised her to go to the mental health center but, instead, she called me.

It turns out that her depression is hardly a mystery. She has a four-year-old son at home in addition to a five-month-old infant whom she is nursing in between working a 10:30 p.m. to 7 a.m. night job. For the past three months she has managed to get all of four hours of sleep per night. Although her husband helps with some of the housework she does all the gardening. She began this regimen two months after a C-section and I should mention that she is also trying to diet off the 60 pounds she gained during the pregnancy.

I don't know the names of the doctors involved and I realize that this is all from the patient's viewpoint. She trusts the doctors who saw her and, until I saw her, believed she needed ten hours of psychotherapy. I treated this patient by a twenty-minute conference with the patient and her husband, after which she managed to get six hours of sleep a night. She had slowed up her rapid dieting and feels fine.

I thought the care given by the gynecologist and the psychiatrist in this case illustrates some kind of new trend in medical practice that I must have missed during my training. I guess the lesson here is that the patient should have been in a PPO. Then she could have had her ten hours of psychotherapy and everything would have worked out fine without the patient's personal physician having to be bothered.

*Sincerely,*

Robert Sinsheimer, M.D.

## LICENSE RENEWAL

By now, you should have received the application from the Ohio State Medical Board to renew your medical license. All physicians who hold current licenses that were issued prior to September 2, 1986 must renew their license by December 31, 1986. Licenses not renewed are automatically suspended January 1, 1987. If you have not received your application, write at once to the Ohio State Medical Board or call them at (614) 446-3934.

---

*In Memoriam*

---

**JOHN P. KALFAS****1922 - 1986**

Dr. John P. Kalfas, 63, died November 2, 1986 at his home after a two-month illness. He was a neurosurgeon.

Dr. Kalfas was born in Istanbul, Turkey. He attended elementary school in Istanbul and high school in Thessaloniki, Greece. He received his first three years of medical education at the Medical School of Wurzburg, Germany and had four years of medical school at the Sorbonne in Paris, France. He took a graduate course in neurology at the University of Pennsylvania, had a residency in neurosurgery at the U. of Pennsylvania hospital, was on the surgical staff as a captain in the U.S. Army reserve at Brooke Army Hospital in Fort Sam Houston, and he did a residency in surgery at Reading hospital in Reading, Pa., from 1953-1955.

He was on the staff at St. Elizabeth Hospital Medical Center and on courtesy staff at YHA. He started his practice in Youngstown in 1957. A learned man, Dr. Kalfas spoke eight languages and was past president and a founder of the Liberty Endowment Fund. He was a member of the Mahoning County Medical Society, the Ohio State Medical Association, the Congress of Neurological Surgeons, the American College of Surgeons, and the American Association of Neurological Surgeons.

He was a member of St. John's Greek Orthodox Church and had served on its Parish Council.

During his stay in the hospital, Dr. Kalfas received many expressions of concern from his fellow physicians. In response to this, Dr. Kalfas wrote the following:

"My dear friends,

"I received your so warm and touching expressions of concern about 'the knock of Destiny on my door' as Beethoven once said!

"My family and I thank you from the bottom of our hearts.

"What do you do, when such a blow hits you all of a sudden? What do you say?

"I think I can say that I have accepted my destiny!

"Also, I want to say how strongly I believe in miracles! And I hope that with all the prayers on my behalf, the good Lord will find me to be worth of one.

"The happiness we receive in life is due: to our reasonable use of free will, our ability to abide by our conscience and also, to plenty of love, tolerance and understanding of our fellow men. Those are God-given for us to use as wisely as possible.

"The unhappiness in our life is due to misuse of free will on our part, but mostly due to Blows of Destiny, entirely unrelated to free will.

"In the case of such a blow, people should not say 'why me?' but rather: 'I guess this is my time now'.

"For some peculiar reason, I have not heard anybody say 'Why me?' when he learned he hit the big number on the lottery . . .

"Our Lord in Heaven, the Almighty, the Forever Incomprehensible, the all kind loving and all understanding, should, in my opinion, never be made responsible for the ups and downs of humanity.

"To all of you again, my thanks, my love, peace, contentment."

S. L. PERNI, M.D.

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## THE SOAP OPERA

### Act I

In late 1985 both houses of the Massachusetts legislature passed a bill requiring all physicians who treat Medicare patients to accept assignment, taking the Medicare payment as payment in full. In true soap opera fashion this bill was passed unanimously by both houses. This was especially surprising since the legislature in Massachusetts — or any other state — is rarely unanimous about anything, even such matters as the number of hours in the day, the number of days in the week, the site of the state capitol or the phases of the moon.

### Act II

In a sane society the governor of a state can be expected to veto any irrational bill passed by the legislature. After all, the chief executive is responsible for the implementation of the law. The penalty for noncompliance in this bill is revocation of the license to practice medicine in the Commonwealth of Massachusetts. Since the state medical board, which would have enforcement responsibility under the bill, opposed the legislation, it seemed obvious that the governor would veto it with a clear memorandum of opposition. He would certainly state that receiving a license in Massachusetts is contingent on satisfactory completion of a scientific premedical and medical school education, successful performance during residency training, a passing grade on a demanding licensure examination and evidence of good moral character. Any other requirement, irrelevant to these fundamental standards for medical licensure anywhere in the nation, would surely be unconstitutional and unenforceable. The chief executive would recognize this and refuse to approve the bill. The governor of Massachusetts proved that logic does not always control governmental action — he signed the bill into law to celebrate the 1985 holiday season.

### Act. III

Predictably, the medical profession was very disturbed by these events. The state medical board was faced with enforcement of an irrational and unpalatable law. The medical society saw the law as the next step in governmental efforts to change the practice of medicine into a fully regulated public utility. Fortunately, our government is one of checks and balances — the courts could be counted upon to declare this absurd law unconstitutional. The Massachusetts State Medical Society and the American Medical Association appealed to the courts, and the legal process got underway. The case was heard by a Massachusetts judge — he considered himself an unprejudiced part despite the fact that he is a Medicare recipient. He proved his impartiality by ruling against the medical societies. It is now evident that the legislative, executive and judicial branches of the government consider the physicians no better than second or third class citizens.

### Act IV

What happens next? Obviously the decision will be appealed — but what if the appeals are lost? Who will win. Simplistically it would appear that the pressure groups for senior citizens in Massachusetts have scored a notable victory over the medical profession, and this is undoubtedly true. But will medical care for the elderly improve in Massachusetts? This seems doubtful, and several results of this legislation can be postulated. (1) Physicians in practice may cease to take on new patients with Medicare coverage. (2) Some physicians may decide to phase out patients with Medicare completely, even withdrawing from the management of elderly patients already under their care. (3) Some physicians may decide to retire earlier than they had anticipated. (4) Others may decide to move to greener pastures in other states. (5) Younger physicians entering practice may well find more attrac-

tive settings in other states. This may occur whether or not the new doctor will be treating Medicare patients at all because this legislation is indicative of an attitude towards doctors in the commonwealth. These possibilities were raised with an attorney in the state government when the law was under consideration. This individual sneered that this would be useful because there are too many doctors already.

### Epilogue

These events have all the elements of a third rate television soap opera except they have such serious implications. There are at least four lessons to learn from this debacle. (1) When governments become involved in the delivery of medical care, the results can be disastrous for everyone concerned. It is no longer possible to believe that any proposed legislation is too silly to cause anxiety. (2) There are certain standards accepted by all state medical boards and all physicians as assential for licensure: high quality education in college and in medical school, one or more years of approved residency training, successful completion of an appropriate licensure examination, good moral character. When additional requirements are proposed, they must be scrutinized carefully and opposed unless they are appropriate. It is easy to visualize this new regulation as the tip of an extremely dangerous iceberg. (3) It is important to recognize that the state medical board is powerless in situations of this nature. The board members opposed this proposal vigorously, but the legislature and the governor paid no attention. Members of the board may resign in protest over unreasonable and unrealistic legislation. Unfortunately, this action does not change the law or its enforcement in any way. (4) This can happen anywhere. Massachusetts is blessed with outstanding colleges and medical schools, topflight residency programs, medical programs, medical care of the highest quality, a progressive state medical care of the highest quality, a progressive state medical society and an active state medical board. If government can manipulate medical care in this fashion in Massachusetts, no physician anywhere in the United States is safe.

John H. Morton, M.D.

Associate Editor

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## DR. WILTSIE IS PROMOTED

Dr. Robert A. Wiltsie, former member of the Society and former vice president for medical affairs at YHA, has been promoted to president and chief executive officer of Lutheran Medical Center in Cleveland, Ohio.

Since August of 1983, Dr. Wiltsie has been director of professional development and professional affairs at Lutheran Medical. While in Youngstown, he served as president of the clinical staff and chief of pediatrics.

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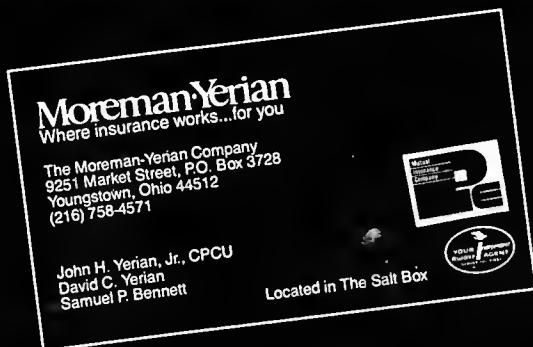
## COMPUTER CAN FIGURE NEW MEDICARE RATE

If you have a IBM Personal Computer and you need help figuring your new maximum allowable charge for Medicare, perhaps Dr. William D. Loeser, 5437 Mahoning Avenue can be of assistance. Once you obtain your current Medicare profile from Columbus, his computer program can compute your new rate as demanded by Medicare.

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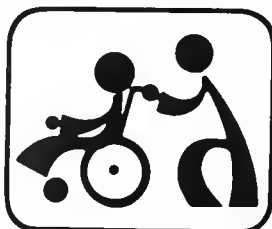


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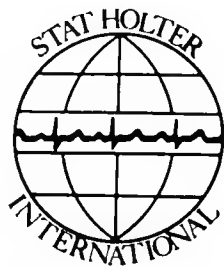
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## From the Bulletin

### FIFTY YEARS AGO — DECEMBER 1936

Nothing shows the progress of the Society better than the year-end reports of Committees. In that last year of the Depression the Treasurer reported \$9,249.50 in the bank and no liabilities. Not bad! In 1932 there was not enough money to hire a hall for the meetings, so individual members chipped in.

The chairman of the Budget Committee spoke of receiving "Hearty cooperation" from the other committees, then closed the report by saying that he hoped there would be better cooperation in the future. That committee has been discontinued.

The Public Health Committee conducted a vigorous campaign against diphtheria. The Speaker's Bureau reported that nobody had registered with the Bureau as requested and nobody reported to it when he gave a talk.

### FORTY YEARS AGO — DECEMBER 1946

The Program Committee noted a gratifying increase in attendance due to members returning from the Armed Services.

That was the first year of the Canfield Fair Exhibit. The Treasurer reported that it was expensive but worthwhile.

The Economics Committee had been having meetings with the Red Cross and Veteran's Administration on the medical care of returned Veterans. No one seemed to know what to do about them.

There were 252 members in the Society. Andrew Detesco joined and made it 253.

### THIRTY YEARS AGO — DECEMBER 1956

It was a great year for Blood Banks. Both St. Elizabeth's Hospital and the Youngstown Hospital had Blood Banks. They reported a total of 605 donations. The Labor Unions, the Sheet and Tube, the Nurses Association, in all there were ten groups who had Blood Banks.

Ray Lupse, R. B. McConnell, M. E. Sovik and R. L. Tornello were made Fellows of the International College of Surgeons. George Pugh became a Fellow of the American Board of Ophthalmology.

Morris Rosenblum reported that during Diabetes Week the doctors made 5183 urine tests with 133 positive for sugar, of which 24 were new cases.

Medicare those days meant care of dependents of men in the Armed Forces.

### TWENTY YEARS AGO — DECEMBER 1966

Important decisions were made that month. The AMA and the OSMA advised the doctors to bill patients directly for Medicare, Medicaid and other Welfare cases, according to the law and not to accept any assignment of fees. It was asserted that any such arrangement was between the patient and the government agency, not between doctor and the agency.

Council said that fees for insurance examinations should be raised to \$15.00. Council frowned on any member of a utilization committee receiving money for his services.

New members were: Jose N. Solana, Earl Richard Ebie, Clayton A. Hixson and George T. Szaboky.

It was a good year. The Health Department reported 27 cases of Gonorrhea and 27 of Syphilis. No Diphtheria, no Typhoid Fever, no Tetanus and no Polio.

### TEN YEARS AGO — DECEMBER 1976

Dr. John Melnick published his second book entitled "The Green Cathedral" describing the history of Mill Creek Park. His first book "A History of Medicine in Youngstown and Mahoning Valley, Ohio" was published

in 1973 and had the honor of being sealed in the Hopewell time capsule on the shores of Lake Hamilton.

The late Dr. James D. Miller also published a book, a novel, "The Bloody Ohio of 1776". Other author-members of the society are: Dr. Charles McGowen, Dr. Richard Murray and Dr. Warren D. Coy.

"Swine Flu" vaccine was still being given. No epidemic ever developed, but a lot of Gillian-Barre cases resulted from the vaccine.

December elections were upon us. Nominated officers were: President J. J. Anderson, Vice President K. F. Wieneke and Treasurer J. A. Lambert.

There were no new members listed that month. W. H. Evans, W. L. Mermis and Richard Murray were all born on Christmas Day. Joy to the World!

Robert R. Fisher, M.D.



## ITEMS

### *From the Exec's Desk*

ROBERT B. BLAKE, Executive Director

A Texas Tech University professor states that most Americans hate going to meetings because they feel that most meetings are a waste of time! In an article in Association Management, Grant T. Savage suggests that before calling a meeting or agreeing to attend one you should ask yourself, "Is this REALLY necessary?" If you are organizing a necessary meeting, be certain your meeting notice goes out well in advance . . . that meeting participants receive any printed materials in time to study them . . . and then draft a logical agenda . . . and STICK TO IT!

\* \* \* \* \*

Loose papers, missed test results and late dictation spells trouble and can lead to catastrophic results both in terms of injury to a patient and the loss of what otherwise could be a medically-defensible lawsuit. Medical records with loose pages, notes, forms, and message slips can be hazardous if the clutter obscures important information. In spite of reasonable safeguards taken by physicians to ensure they see incoming lab, ex-ray, EKG and consultants' reports, these reports can be overlooked and result in injury and liability. The newsletter, Loss Minimizer, urges physicians to make certain he sees all reports immediately, before they are placed in a patient's chart.

\* \* \* \* \*

How important is one vote? If you think of its importance in terms of something contributory to the overall good of your association, state or nation — well and good, but the foremost consideration must be its impact to you.

In 1645, one vote gave Oliver Cromwell control of England.

In 1649, one vote caused Charles I of England to be executed.

In 1776, one vote gave America the English language instead of German.

In 1845, one vote brought Texas into the Union.

In 1868, one vote saved President Johnson from impeachment.

In 1876, one vote gave Rutherford B. Hayes the Presidency of the U.S.

In 1923, one vote gave Adolph Hitler leadership in the Nazi Party.

DECEMBER





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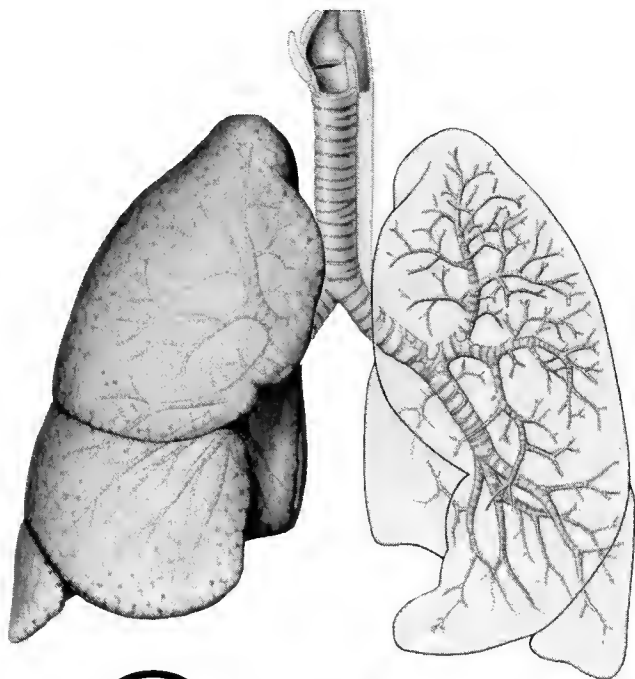
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Pseudomembranous colitis has been reported with virtually all broad-spectrum antibiotics. It must be considered in differential diagnosis of antibiotic-associated diarrhea. Colon flora is altered by broad-spectrum antibiotic treatment, possibly resulting in antibiotic-associated colitis.

**Precautions:**

- Discontinue Cecilor in the event of allergic reactions to it.
- Prolonged use may result in overgrowth of non-susceptible organisms.
- Positive direct Coombs' tests have been reported during treatment with cephalosporins.
- In renal impairment, safe dosage of Cecilor may be lower than that usually recommended. Cecilor should be administered with caution in such patients.
- Broad-spectrum antibiotics should be prescribed with caution in individuals with a history of gastrointestinal disease, particularly colitis.
- Safety and effectiveness have not been determined in pregnancy, lactation, and infants less than one month old. Cecilor penetrates mother's milk. Exercise caution in prescribing for these patients.

**Adverse Reactions:** (percentage of patients)

Therapy-related adverse reactions are uncommon. Those reported include:

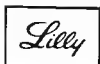
- Gastrointestinal (mostly diarrhea): 2.5%.
- Symptoms of pseudomembranous colitis may appear either during or after antibiotic treatment.
- Hypersensitivity reactions (including morbilliform eruptions, pruritus, urticaria, erythema multiforme, serum-sickness-like reactions): 1.5%; usually subside within a few days after cessation of therapy. These reactions have been reported more frequently in children than in adults and have usually occurred during or following a second course of therapy with Cecilor. No serious sequelae have been reported. Antihistamines and corticosteroids appear to enhance resolution of the syndrome.
- Cases of anaphylaxis have been reported, half of which have occurred in patients with a history of penicillin allergy.
- Other: eosinophilia, 2%; genital pruritus or vaginitis, less than 1%.

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